

with treatment that is far more difficult for patients and practitioners. Drug-resistant tuberculosis is a man-made problem and is caused by poor TB treatment. We, the global community, have the power to prevent drug-resistant TB and the power to treat and control regular TB, and yet, unfortunately, we have chosen not to do so by our inaction.

Through aggressive, committed leadership, the U.S. has proven that it is feasible to massively scale-up our investment to fight HIV/AIDS and malaria, and well we should. We have increased funding to fight AIDS from \$840 million in 2001 to \$2.9 billion in 2004, to over \$4.4 billion in the House Foreign Operations bill in fiscal year 2008.

U.S. funding for malaria efforts increased from \$100 million in 2006 to an administration request of \$387 million for fiscal year 2008, with a House Foreign Operations level of \$350 million.

Even our response to the potential threat of avian flu has been aggressive, from just \$4 million a few years ago to \$100 million in the Foreign Operations budget for fiscal year 2008 and an additional \$160 million in the fiscal year 2007 supplemental.

However, only tuberculosis, the greatest curable infectious killer on the planet, has been left behind, and we must correct that, and that's the purpose of this legislation.

Because of our chronic neglect of tuberculosis, this disease is not only responsible for the preventable deaths of some 4,000 people every day, it is undermining our enormous efforts and billions in investments to fight AIDS. Tuberculosis is the leading killer of people with AIDS. Through U.S. leadership, we are seeing increasing numbers of AIDS patients access life-saving antiretroviral therapy, but they're not dying of AIDS. They're dying instead of tuberculosis. And what a shame that is and how ridiculous it is when we have the power to stop and end it. And more recently, people have been dying in large numbers in southern Africa due to drug-resistant TB.

While the President's AIDS initiative has made commendable scale-ups in TB and HIV efforts, they are still, in my opinion, grossly insufficient. Much of PEPFAR's scale-up supports testing tuberculosis patients for HIV and ensuring that TB and AIDS programs work together. It's very important. I'm glad we're doing it, but it's not addressing the core TB program needs. And PEPFAR's TB-HIV efforts are focused on those co-infected with both diseases and mostly in Africa, again, while commendable, but TB is a global problem and we need to combat it everywhere.

The costs of inaction are greater than the costs laid out in this bill. This past spring, it became clearer than ever that tuberculosis knows no border when a gentleman named Andrew Speaker, an attorney from Atlanta, traveled across the globe and came back to the United States with a high-

ly resistant form of TB. We all remember that. Many of us were shocked by it.

Being from New York, I'm very familiar with what happens when TB control is neglected. In the late 1980s to the early 1990s, the City of New York paid a dear price for its failure to invest adequately in tuberculosis control. The city, along with many other areas of the country at the time, experienced an epidemic of tuberculosis. In this case, the epidemic was a multidrug-resistant TB, which inevitably develops in the absence of basic TB control. New York City launched an aggressive tuberculosis control campaign and brought down its burden of drug-resistant TB. The cost to the city? Over \$1 billion to control some 300 cases, far higher than it would have been and it would have cost to prevent the situation in the first place. Tuberculosis is not just a global issue, but as we can see, it's certainly a local one as well.

When it comes to tuberculosis, Mr. Speaker, we simply cannot afford to maintain the status quo. The resources authorized in this bill represent a realistic and urgently needed increase in funding for global TB control based on the needs laid out in a costed-out, comprehensive business plan. The cost of inaction is much, much greater.

In conclusion, I would especially like to pay tribute to our former colleague, Senator Sherrod Brown, who was a champion of global tuberculosis efforts during his time in the House. He's doing this great work as well now in the Senate.

I would also like to thank the many groups whose advocacy helped bring the Stop TB Now Act to the floor, particularly RESULTS and the American Thoracic Society.

Finally, I would like to thank Chairman LANTOS, Congressman PAYNE and their staffs for their unfailing support for tuberculosis control and this legislation and to the Energy and Commerce Committee and Mr. DINGELL for expediting consideration of this bill. I'm proud to serve on both the Foreign Affairs and the Energy and Commerce Committee, the two committees that have jurisdiction on this bill.

Again, this is truly a bipartisan bill. I wish to thank the ranking member, Ms. ROS-LEHTINEN, and all the people, all the colleagues who have cooperated on both sides of the aisle because only by working together can we get at the scourge of TB.

Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield myself such time as I may consume.

The bill before us, H.R. 1567, the Stop Tuberculosis Act of 2007, has been put forward by its supporters to provide a very significant increase in our foreign aid spending on anti-TB programs abroad.

If we rely on figures gathered with the assistance of the Congressional Research Service, the bill would raise our

spending on such programs through the U.S. Agency for International Development by about six times in the next 2 years.

According to a brief letter received late last week from the Congressional Budget Office, the bill would increase such spending somewhat less, by somewhere between two and three times in the next 2-year period.

Although it is possible that the latter estimate by CBO may inadvertently have included in its baseline comparison current funding levels for some anti-TB programs outside of the scope of this bill, it is clear that this measure seeks a major increase in the AID programs it covers.

Along those lines, the bill strongly encourages, if not directs, the President to ensure that the funds that would be provided under this bill will be transferred to the World Health Organization's "Stop TB Partnership" plan.

Finally, the funding amounts in the bill have apparently been formulated using a calculation meant to reflect what the United States' fair share might be in funding that international plan.

Mr. Speaker, I recognize the determination of the supporters of this measure to do more to combat TB overseas.

On a personal note, my mother was afflicted with tuberculosis when she was in her mid to late teens and was on her back for a year, just didn't get out of bed. So we understand the importance of eradicating TB, not only worldwide but in the United States. She's done well, though. By coincidence, this is her 86th birthday, and so she recovered fully.

I also want to thank Congressman ENGEL for his work on this. I know that he's worked very, very hard, and also Congresswoman HEATHER WILSON of New Mexico.

With that, we don't have any more speakers, and if you all don't, I will yield back.

Do you have some more speakers?

Mr. ENGEL. I have no further speakers, but I would like to respond a bit to some of the points that you made.

Mr. BOOZMAN. Mr. Speaker, I yield back the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield myself as much time as I may consume.

I thank my colleague, and I just want to let him know and let my colleagues know that we worked together with Senator LUGAR, who's the ranking member of the Senate Foreign Relations Committee, and we specified that the funding would be a ceiling, not a floor.

The bill appropriates up to \$400 million in 2008 and up to \$550 million in 2009, including global activities to be carried out by USAID and CDC. So that's what we did. We negotiated it so we wouldn't necessarily spend all the money. We would spend up to that amount of money, and that would be the limit, but it would not be the